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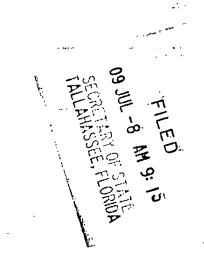
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B. KOHR

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EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LEBILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	GEN FAMILY, LLC	
2. (a) Principal office address of limited liability company	9700 16 TH ST N	
(Note: MUST BE STREET ADDRESS)	ST PETERSBURG FL 337/6	
(b) Mailing address of limited liability company:	SAME AS ABOJE	
(Note: MAY BE POST OFFICE BOX)		
	L08000093015 1. Document number	
5. (a) Registered Agent and Registered Office shown on the	•	
Registered Agent: Registered Office Address:	GRADY C. PRIDGEN, III	
Registered Office Address.	9741 INTERNATIONAL CT N ST PETERS BURG FL 33716	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: PRINGEN MANAGEMENT, INC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9700 16TH ST N	
	ST PETERSBUR 6 ,FL 337/6	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited was fifty company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member	FIL AHAS	
Printed or typed name of signee	SEE.	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos Chapter 60s, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the Eggistered office has been notified in writing of this change.	
Signature of Registered Agent Too PROCEN	12	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (05/08)